

Confirmation Form for Providing Emergency 911 or Emergency Transfer Service in a county other than the County of licensure.

Provider: _____ License #: _____

County of Licensure: _____ (TSA): ____ Level of Service: _____

To be eligible for funding from the EMS/Trauma Care System Account in a county other than their county of licensure, a licensed EMS Provider must provide documentation in the form of a Contract or Letter of Agreement to provide emergency 911 (non-mutual aid) or emergency transfer service in the other county, or have a Geo-political Sub-division whose borders cross county lines.

The following instances will be considered eligible in every county containing the geo-political sub-division borders in question. These include: Being a Municipal EMS provider, or have City, School District, Emergency Services District, Hospital, Utility, or Prison boundaries that cross county lines, or a provider whose routine service is provided in more than one county (evaluated on a case by case basis) as specified in the DSHS EMS & Trauma System Account Policy.

(Note: A separate confirmation is required for each county, or one confirmation for a city within another county in which you operate. A separate confirmation is needed for each county where a geo-political sub-division crosses county lines)

Contract/Letter of Agreement:

This confirmation acknowledges that: _____

(Licensed Provider Name)

provides emergency 911 (non-mutual aid) or emergency transfer service in the

(city/county) of _____ (TSA): _____
(city and/or county name)

This agreement is made on _____ and is valid through _____
(Month/day/year) (Month/day/year)

Geo-political Sub-division:

If a licensed provider coverage area falls into the geo-political sub-division criteria and does not require a contract or letter of agreement to provide emergency 911 (non-mutual aid) or emergency transfer care, that instance will need to be listed below and confirmed by a City/County/or Municipal Official.

Geo-political Sub-division: _____

Furthermore, we understand that this signed document may be subject to future evaluation for compliance with the requirements of §157.130.

Administrator (Printed Name)

City/ County/ Municipal Official (Printed name)

Administrator (Signature)

City/ County/ Municipal Official (Signature)

Date

Date

Fax completed form to: EMS/Trauma Systems Coordination Office, 512/834-6611.